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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

F-280

First Named Inventor

Zubok;

COMPLETE IF KNOWN

Application Number

Filing Date

3/6/2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Cervical Disc Replacement

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |


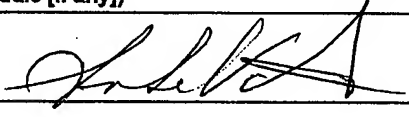
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

| | | | | | | | |
|---|--|--------------------------------------|--|---|------------------|------------------------------|--|
| Direct all correspondence to: <input type="checkbox"/> | | Customer Number or Bar Code Label | | OR <input checked="" type="checkbox"/> | | Correspondence address below | |
| Name Joseph P. Errico | | | | | | | |
| Address 150 Douglas Road | | | | | | | |
| City Far Hills | | | | State NJ | | ZIP 07931 | |
| Country US | | Telephone 917-373-5918 | | | Fax 908-273-6136 | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) Rafail | | | | Family Name or Surname Zubok; | | | |
| Inventor's Signature  | | | | | | Date 3/6/03 | |
| Residence: City Midland Park, | | State NJ | | Country US | | Citizenship US | |
| Mailing Address 22 Spruce Street | | | | | | | |
| City Midland Park, | | State NJ | | ZIP 07432 | | Country US | |
| NAME OF SECOND INVENTOR: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) Antonio | | | | Family Name or Surname Valdevit; | | | |
| Inventor's Signature  | | | | | | Date March 6/03 | |
| Residence: City Fishkill, | | State NY | | Country US | | Citizenship CAN | |
| Mailing Address 1502 Max Way | | | | | | | |
| City Fishkill, | | State NY | | ZIP 12524 | | Country US | |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | |

Please type a plus sign (+) inside this box → +

F-280

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

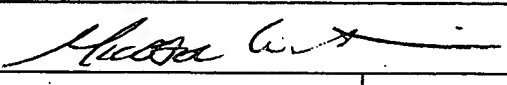
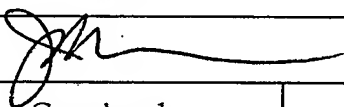
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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

| | | | |
|--|-------------|---|-------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Michael W. | | Dudasik; | |
| Inventor's Signature  | | Date <u>3/6/03</u> | |
| Residence: City | Nutley, | State | NJ |
| | | Country | US |
| Citizenship US | | | |
| Mailing Address 29 Daily Street | | | |
| Mailing Address | | | |
| City | Nutley, | State | NJ |
| | | ZIP | 07110 |
| | | Country | US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Joseph P. | | Errico | |
| Inventor's Signature  | | Date <u>3/6/03</u> | |
| Residence: City | Greenbrook, | State | NJ |
| | | Country | US |
| Citizenship US | | | |
| Mailing Address 29 Deer Path Circle | | | |
| Mailing Address | | | |
| City | Greenbrook, | State | NJ |
| | | ZIP | 08812 |
| | | Country | US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inv ntor's Signature | | Date | |
| Residence: City | | State | |
| | | Country | |
| Citizenship | | | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| | | ZIP | |
| | | Country | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Zubok et al.

Application No.: 10/382,702

Group Art Unit: 3738

Filed: March 6, 2003

Examiner: Not Assigned

For: CERVICAL DISC REPLACEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

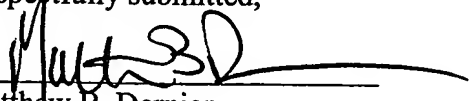
Dear Sir:

In the matter of the above-identified application, enclosed please find:

1. Substitution of Attorneys Pursuant to 37 C.F.R. § 1.36; and
2. Consent of Assignee 37 C.F.R. § 3.73(b).

Dated: February 6, 2004

Respectfully submitted,

By 
Matthew B. Dernier
Registration No.: 40,989
KAPLAN & GILMAN, LLP
900 Route 9 North, Suite 104
Woodbridge, New Jersey 07095
(732) 634-7634
Attorney for Applicant

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 6, 2004

Signature: 

Print Name: Matthew B. Dernier

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Zubok et al.

Application No.: 10/382,702

Group Art Unit: 3738

Filed: March 6, 2003

Examiner: Not Assigned

For: CERVICAL DISC REPLACEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**SUBSTITUTION OF ATTORNEYS
PURSUANT TO 37 C.F.R. § 1.36**

Dear Sir:

We hereby appoint the following practitioners as our attorneys to prosecute the application and to transact all business in the United States Patent and Trademark Office connected therewith: Joseph P. Errico (Reg. No. 38,131); Timothy J. Bortree (Reg. No. 43,506); Jeffrey I. Kaplan (Reg. No. 34,356); Michael R. Gilman (Reg. No. 34,826); Timothy X. Gibson (Reg. No. 40,618); and Matthew B. Dernier (Reg. No. 40,989).

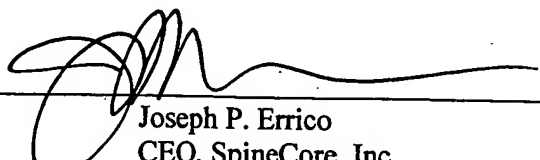
All future correspondence should be forwarded to:

KAPLAN & GILMAN, L.L.P.,
900 Route 9 North, Woodbridge, New Jersey 07095
telephone (732) 634-7634)

We are the assignee of record of the entire interest and therefore have the right to take action in the above-identified application. A Statement under 37 C.F.R. § 3.73(b) is enclosed.

2/5/04

Date



Joseph P. Errico
CEO, SpineCore, Inc.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Zubok et al.

Application No.: 10/382,702

Group Art Unit: 3738

Filed: March 6, 2003

Examiner: Not Assigned

For: CERVICAL DISC REPLACEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

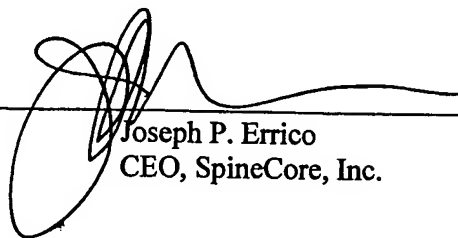
CONSENT OF ASSIGNEE 37 C.F.R. § 3.73(b)

Dear Sir:

Pursuant to 37 C.F.R. § 3.73, I, Joseph P. Errico, being an officer of SpineCore, Inc., the Assignee of the above-identified patent application by way of assignment (reel/frame 013849/0592), hereby consent to a substitution of all previous powers of attorney and to the appointment of new attorneys in the above-identified patent application.

2/5/04

Date



Joseph P. Errico
CEO, SpineCore, Inc.

ASSIGNMENT OF APPLICATION

Socket Number (Optional)

F-280

Whereas, I/We, Rafail Zubok; of Midland Park, NJ, hereafter referred to as applicant, have invented certain new and useful improvements in _____

Cervical Disc Replacement

☐ for which an application for a United States Patent was filed on _____
Application Number _____ / _____

☒ for which an application for a United States Patent was executed on 3/6/2003, and

Whereas, SpineCore, Inc. of Summit, NJ herein referred to "assignee" whose mailing address is 447 Springfield Avenue, Summit, NJ 07931 is desirous of acquiring the entire right, title and interest in the same;

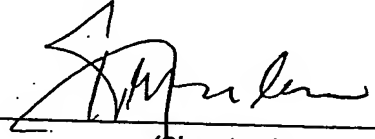
Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign, and transfer unto said assignee the full and exclusive right to the said invention and the entire right, title and interest in and to any and all Patents which may be granted therefor. I/We hereby authorize and request that said Patent be issued to said assignee, of the entire, right, title and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 6th day of March, 20 03
at Midland Park, NJ

State of _____

County of _____

SS:


(Signature)

Before me personally appeared said _____
and acknowledged the foregoing instrument to be his free act and deed this _____
day of _____, 20 _____.

Seal

(Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

* ☒ Total of 4 forms are submitted.

ASSIGNMENT OF APPLICATION

Docket Number (Optional)

F-280

Whereas, I/We, Antonio Valdevit; of Fishkill, NY, hereafter referred to as applicant, have invented certain new and useful improvements in _____

Cervical Disc Replacement

☐ for which an application for a United States Patent was filed on _____
Application Number _____ / _____

☒ for which an application for a United States Patent was executed on 3/6/2003, and

Whereas, SpineCore, Inc. of Summit, NJ herein referred to "assignee" whose mailing address is 447 Springfield Avenue, Summit, NJ 07931 is

desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign, and transfer unto said assignee the full and exclusive right to the said invention and the entire right, title and interest in and to any and all Patents which may be granted therefor. I/We hereby authorize and request that said Patent be issued to said assignee, of the entire, right, title and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 6th day of March, 20 03
at Fishkill, NY

State of _____

County of _____

SS:


(Signature)

Before me personally appeared said _____
and acknowledged the foregoing instrument to be his free act and deed this _____
day of _____, 20 ____.

Seal

(Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

* ☒ Total of 4 forms are submitted.

ASSIGNMENT OF APPLICATION

Docket Number (Optional)

F-280

Whereas, I/We, Michael W. Dudasik; of Nutley, NJ, hereafter referred to as applicant, have invented certain new and useful improvements in _____

Cervical Disc Replacement

☐ for which an application for a United States Patent was filed on _____
Application Number _____ / _____.

☒ for which an application for a United States Patent was executed on 3/6/2003, and

Whereas, SpineCore, Inc. of Summit, NJ herein referred to "assignee" whose mailing address is 447 Springfield Avenue, Summit, NJ 07931 is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign, and transfer unto said assignee the full and exclusive right to the said invention and the entire right, title and interest in and to any and all Patents which may be granted therefor. I/We hereby authorize and request that said Patent be issued to said assignee, of the entire, right, title and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 6th day of March, 2003
at Nutley, NJ

State of _____)

County of _____)

SS:

(Signature)

Before me personally appeared said _____
and acknowledged the foregoing instrument to be his free act and deed this _____
day of _____, 20____.

Seal

(Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

* ☒ Total of 4 forms are submitted.

ASSIGNMENT OF APPLICATION

Docket Number (Optional)

F-280

Whereas, I/We, Joseph P. Errico of Greenbrook, NJ, hereafter referred to as applicant, have invented certain new and useful improvements in _____

Cervical Disc Replacement

☐ for which an application for a United States Patent was filed on _____
Application Number _____ / _____

☒ for which an application for a United States Patent was executed on 3/6/2003, and

Whereas, SpineCore, Inc. of Summit, NJ herein referred to "assignee" whose mailing address is 447 Springfield Avenue, Summit, NJ 07931 is

desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign, and transfer unto said assignee the full and exclusive right to the said invention and the entire right, title and interest in and to any and all Patents which may be granted therefor. I/We hereby authorize and request that said Patent be issued to said assignee, of the entire, right, title and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 6th day of March, 2003
at Greenbrook, NJ

State of _____

County of _____

SS:


(Signature)

Before me personally appeared said _____
and acknowledged the foregoing instrument to be his free act and deed this _____
day of _____, 20 ____.

Seal

(Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

* ☒ Total of 4 forms are submitted.